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Docket No.: A8319.0027/P027
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Yuuichirou Ueno et al.

Application No.: 10/688,977

Confirmation No.: 4184

Filed: October 21, 2003

Art Unit: 2882

For: RADIOLOGICAL IMAGING APPARATUS

Examiner: J. Yun

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 9, 2005, please amend the above-identified U.S. patent application as follows:

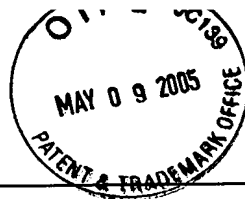
Amendments to the Claims are shown in the listing, which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.

05/10/2005 SZEWDIE1 00000102 10668977

01 FC:1201
02 FC:1202

600.00 OP
200.00 OP



| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. A8319.0027/P027 | |
|--|---|---|-----------------------------------|-------------------------------|---------------|
| Application No. 10/688,977 | Filing Date October 21, 2003 | Examiner J. Yun | Art Unit 2882 | | |
| Applicant(s): Yuuichirou Ueno | | | | | |
| Invention: RADIOLOGICAL IMAGING APPARATUS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 29 | - 25 = | 4 | x 50.00 | 200.00 |
| Independent Claims | 7 | - 4 = | 3 | x 200.00 | 600.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 800.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Mark J. Thronson Attorney Reg. No.: 33,082 | | | | Dated: <u>May 9, 2005</u> | |
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